U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2000	2. Fiscal Year Covered From:
	01/01/2005 Through: 31/12/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Patrencle Jans	Name Brotherhood of Locomitive Engineers A
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10/ N. Bevery	Street SAME ASSES
city Chowley	City
State Texas ZIP Code + 4 76036	State ZIP Code + 4
5. Position in labor organization. General Chargeman	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any: 区域设施的设施。	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street	
City	·
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Jan June	on 3/12/06 817-426-9003
Signed Jan Joseph Signed	On Structure Structure Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	a. Labor Organization Fig. b. Trust c. Employer	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Trade Name, if any:		
1.0.000, 0.000, 0.000		
Street City 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
State English 21P Code + 4 July 21P Code + 4 Jul		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name BNSF RAILWay Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2600 Lou Merk Deive	14.a. Nature of payment. A Number of Linchest And Dinners paid son By the BNSF RR.	
City FT. WORTH State Texts ZIP Code + 4 776/61		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	